



TEXAS BOARD OF PROFESSIONAL LAND SURVEYING

12100 Park 35 Circle, Building A, Suite 156, MC-230

Austin TX 78753

www.txls.texas.gov

Phone: (512) 239-5263 Fax: (512) 239-5253

Office Use Only
Transaction #
RPLS 1002
Entity #
Receipt #

Reciprocal Exam Application

- Read the Candidate Guidelines, the Act, and the Rules before submitting this application.
- Please print neatly using black ink.
- All questions must be answered. Failure to complete any portion of the application, or submit any of the other subsequent requirements, will disqualify the application from Board review.
- Submit the original, completed application to the Board office. Retain a photocopy for your records.
- Applications must be accompanied by the application fee as a cashier's check or money order made payable to the Board in the amount of **one hundred twenty-eight dollars and sixty-nine cents (\$128.69)**. **Personal checks will not be accepted. All fees are non-refundable.**

1. General Information

Date _____

- Last Name _____ First Name _____ Middle Name _____
- Social Security No. _____ Driver's License No. _____
- Address:
Street _____
City _____ State _____ Zip _____
County _____
- E-mail Address _____
- Business Firm Name _____
Firm Number _____
Street or P. O. Box _____
City _____ County _____ State _____ Zip _____
- Telephone Numbers (Include area code)
Residence (____) _____ Business (____) _____
- Date of Birth _____ Place of Birth _____
- Resident of Texas? ☐ Yes ☐ No If No, where? _____
Are you a US Citizen? ☐ Yes ☐ No If No, give INS Status _____ Card No. _____
- Have you ever applied for registration as a Professional Land Surveyor or certification as a Surveyor In Training in the state of Texas? If so when and with what result: _____
- Do you intend to submit a NCEES Record? _____

Attach a recent, passport type photograph in this box. Trim photograph to fill the space.

Use ballpoint pen to sign and date photograph.

2. Registration Other Than Under This Act

You will be required to submit a License Verification Form from each state mentioned below:

State ____ By exam ____ Hours of Exam ____ Registration No ____ Date Registered ____ Expiration ____

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Are you Registered/Licensed in any other profession? ____ If yes, complete the information below:

Profession _____ State ____ Registration No ____ Date Registered ____ Expiration ____

Have any of your registrations/licenses received disciplinary action? _____

If yes, you must explain the complete situation on a separate sheet of paper and attach it to this application.

3. Professional Surveying Experience

Please list the past 10 YEARS of your professional experience. Each numbered answers must correspond to each numbered question. If time breaks occurs between surveying employment; indicate general nature of occupation.

1. Name of Employer
2. Employer's Address
3. Title(s) of your position(s) and date(s) each title is obtained
4. Character of work performed.

You are welcome to submit as many of the following pages as you need to list your complete work history.

From – To (Moth, Year)	Experience
	1. _____ 2. _____ 3. _____ 4. _____

From – To (Moth, Year)	Experience
	1. _____ 2. _____ 3. _____ 4. _____

From – To (Month, Year)	Experience
	1. _____ 2. _____ _____ 3. _____ _____ _____ 4. _____ _____ _____

From – To (Month, Year)	Experience
	. _____ 2. _____ _____ 3. _____ _____ _____ 4. _____ _____ _____

4. Education

(Certified transcripts must be filed with application)

Name and Location of Institution	Years	Date Graduated	Field of Study

High School			

College or University			

Correspondence Courses and/or Seminars			

Please list all other self or professional education in this space.

5. Application Check List

The following check list includes all required aspects of the application process. Please check off items as they are completed/collected before submitting your application to the office.

- ☐ I have read the Candidate Guidelines and familiarized myself with the Act and Rules..
- ☐ All sections of my application are complete and my signature is included on the last page.
- ☐ My “passport-type” photo is signed and attached to the front page of my application.
- ☐ Three Reference Waiver Forms are being completed and submitted by professionals that can attest to my experience.
- ☐ My Character, Reputation, and Fitness Form has been completed and submitted.
- ☐ I have submitted two sample surveys (one rural- metes and bounds- and one urban) that I have signed and include a list of all documents I used to construct the samples. These surveys were constructed by the Boards standards are listed in the Board rules.
- ☐ I have submitted my official transcripts that support the completion of my four year degree.
- ☐ A cashier’s check, or money order, for the amount of \$128.69 is included with this application.

PLEASE NOTE THE FOLLOWING:

Submitting this application will authorize the Board to check your criminal background through the Department of Public Safety.

All application materials must be submitted by the deadline of January 15, for the April exam, and July 15, for the October exam. Only complete applications will be considered for approval by the Board. The Board reviews applications twice a year though you are welcome to send in your application, or any of the required materials, to the office at any time.

6. Certification

I hereby certify under penalty of perjury that the information contained herein is true and correct to the best of my knowledge, information and belief.

Signature

Date

Printed Name